PAGE 1 / 10

Image# 202009219276606059

**FEC** 

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

FURINI 3A	For Other Than An Au	thorized Committee	Office Us	e Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Gun Safetly PAC			1	
<u> </u>				
ADDRESS (number and street)  Check if different than previously reported. (ACC)	One Park Row Suite 5 Providence		RI 02903	
2. <b>FEC IDENTIFICATION</b>	NUMBER ▼ C	TY▲	STATE ▲	ZIP CODE A
C C00307991		IS THIS REPORT (N) OF	AMENDED (A)	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	Report Due On:	b 20 (M2) May 20 (Mar 20 (M3) Jun 20 (Mar 20 (M4) Jul 20 (M7	6) <b>x</b> Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only)  Dec 20 (M12) (Non-Election Year Only)  Jan 31 (YE)
April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report	(Q2) PRE-Election Report for the:	Primary (12P)  Convention (12C)	General (12G)  Special (12S)	Runoff (12R) in the State of
July 31 Mid-Year Report (Non-elec Year Only) (MY)  Termination Report (TER)	ction (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S) in the State of
5. Covering Period	08 01 2020	through 08	M / D D / Y Y 31 202	0
I certify that I have examined Type or Print Name of Treaso	Galvin, Brendan, , ,	of my knowledge and belief it is	true, correct and complete	е.
Signature of Treasurer	alvin, Brendan, , ,	[Electronically Filed]	Date 09 / 20	2020
NOTE: Submission of false, err	oneous, or incomplete information	on may subject the person signing	g this Report to the penaltie	es of 52 U.S.C. § 30109
Office Use				FORM 3X ev. 05/2016

# SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
Write or Type Committee Name		
Gun Safetly PAC		
Report Covering the Period: From:	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	08 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,  2020		3052.85
(b) Cash on Hand at  Beginning of Reporting Period	5854.23	
(c) Total Receipts (from Line 19)	6628.99	108669.14
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	12483.22	111721.99
7. Total Disbursements (from Line 31)	5064.56	104303.33
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7418.66	7418.66
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This committee has qualified as a multical	ndidate committee. (see FEC FORM 1M)	
F	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530 Local 202-694-1100	

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### Gun Safetly PAC

port Covering the Period: From:	01 2020 To	o: 08 / 31 / 2020				
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
,						
(i) Itemized (use Schedule A)	800.00	35300.00				
(ii) Unitemized	828.99	1791.99				
Lines 11(a)(i) and (ii)	1628.99	37091.99				
,	0.00	0.00				
(such as PACs)	5000.00	44000.00				
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	6628.99	81091.99				
	0.00	27577.15				
All Loans Received	0.00	0.00				
1 1	0.00	0.00				
Carry Totals to Line 37, page 5)	0.00	0.00				
	0.00	0.00				
· ·						
ransfers from Non-Federal and Levin Funds	0.00	0.00				
(from Schedule H3)	0.00	0.00				
b) Levin Funds (from Schedule H5)	0.00	0.00				
c) Total Transfers (add 18(a) and 18(b))	0.00	0.00				
	I. Receipts  Contributions (other than loans) From:  (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	I. Receipts  Contributions (other than loans) From:  a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)				

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
<ul> <li>Operating Expenditures:         <ul> <li>(a) Allocated Federal/Non-Federal</li> <li>Activity (from Schedule H4)</li> </ul> </li> </ul>					
(i) Federal Share	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating Expenditures	64.56	4798.33			
(c) Total Operating Expenditures	7 7 7	1 1 1 1 1 1 1 1 1			
(add 21(a)(i), (a)(ii), and (b))▶  Transfers to Affiliated/Other Party	64.56	4798.33			
Committees	0.00	0.00			
Federal Candidates/Committees and Other Political Committees	5000.00	99505.00			
Independent Expenditures (use Schedule E)	0.00	0.00			
Coordinated Party Expenditures (52 U.S.C. § 30116(d))		4 1 4 1 4 1 4			
(use Schedule F)	0.00	0.00			
Loan Repayments Made	0.00	0.00			
Loans MadeRefunds of Contributions To:	0.00	0.00			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00			
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees (such as PACs)	0.00	0.00			
(d) Total Contribution Refunds					
(add Lines 28(a), (b), and (c))	0.00	0.00			
Other Disbursements (Including		0.00			
Non-Federal Donations)	0.00	0.00			
Federal Election Activity (52 U.S.C. § 30101(20 (a) Allocated Federal Election Activity (from Schedule H6)	)))				
(i) Federal Share	0.00	0.00			
(ii) "Levin" Share	0.00	0.00			
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00			
(c) Total Federal Election Activity (add	0.00	0.00			
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00			
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5064.56	104303.33			
Total Federal Disbursements					
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	5064.56	104303.33			
, F	3001.00	104303.33			

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	6628.99	81091.99
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6628.99	81091.99
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	64.56	4798.33
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	64.56	4798.33

#### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

TOTAL This Period (last page this line number only).....

Use separate schedule(s)

FOR LINE NUMBER:						PAGE		6	OF		10
(check only one)											
	X	11a		11b		11c		12	2		
		13		14		15		16	6		17

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Gun Safetly PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cannon, Connell, , , Date of Receipt Mailing Address 845 E Shore Rd 2020 City Zip Code State Transaction ID: SA11AI.5487 RΙ Jamestown 02835 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired N/A Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Colby, Fred, , , Date of Receipt Mailing Address 3521 Stanford Rd. #313 2020 City State Zip Code Transaction ID: SA11AI.5417 Fort Collins CO 80525 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Employed Author Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Nivens, Cody, , , Date of Receipt Mailing Address 1904 H Avenue Apt F9 06 2020 City Zip Code State Transaction ID: SA11AI.5418 OR La Grande 97850 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) None N/A Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 800.00 SUBTOTAL of Receipts This Page (optional)..... 800.00

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 7 OF 10						
,		Use separate schedule(s)	(check only one)						
TEMIZED RECEIPTS		for each category of the	11a 11b <b>X</b> 11c 12						
		Detailed Summary Page	13 14 15 16 17						
Any information copied from such Reports and Sta or for commercial purposes, other than using the I									
NAME OF COMMITTEE (In Full)									
Gun Safetly PAC									
Full Name of Individual (Last, First, Middle Initia THE COUNCIL OF INSURANCE AGENTS & B			Date of Receipt						
Mailing Address 701 PENNSYLVANIA AVENUE SUITE 750	08 30 2020								
City	State	Zip Code	Transaction ID : SA11C.5501						
WASHINGTON	DC	20004	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C co	0039578	5000.00						
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General		5000.00							
Other (specify) ▼		3000.00							
Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name							
3			Date of Receipt						
Mailing Address			M = M / D = D / Y = Y = Y						
City	State	Zip Code							
			Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C								
Name of Employer (for Individual)	Осс	upation (for Individual)	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General	33 13 111								
Other (specify) ▼		4 4 4							
Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name							
			Date of Receipt						
Mailing Address			M = M / D = D / Y = Y = Y						
City	State	Zip Code	Amount of Each Receipt this Period						
FEC ID number of contributing		<del></del>	Allount of Each Necespt this Feriod						
federal political committee.	C								
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General									
Other (specify)		<del></del>							
L									
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	5000.00						

TOTAL This Period (last page this line number only).....

5000.00

## S П

Use separate schedule(s) to check only one) (check one) (check only one) (check one) (check only one) (check one) (check one) (check one) (check one) (check one) (check one) (	S	CHEDULE B (FEC Form 3X)									F 10	
Detailed Summary Page   28   28   28   20   20   300	IT	EMIZED DISBURSEMENTS			l `							
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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  Gun Safetly PAC  Full Name (Last, First, Middle Initial)  A Actblue  Mailing Address PO Box 441146  City Somerville Purpose of Disbursement Office Sought:  Full Name (Last, First, Middle Initial)  B. Actblue  Primary Office Sought:  Full Name (Last, First, Middle Initial)  B. Actblue  Mailing Address PO Box 441146  City Somerville Purpose of Disbursement  Candidate Name  City Somerville Purpose of Disbursement  Cardidate Name  City Somerville Purpose of Disbursement  Cardidate Name  City Somerville Purpose of Disbursement  Category/ Type  Transaction to: S8218.8474  Amount of Each Disbursement this Period  City Somerville Purpose of Disbursement  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  City Somerville Purpose of Disbursement  Category/ Type  Transaction to: S8218.8474  Amount of Each Disbursement this Period  City Somerville Purpose of Disbursement  Full Name (Last, First, Middle Initial)  City Somerville Purpose of Disbursement  Full Name (Last, First, Middle Initial)  City Somerville Purpose of Disbursement  Full Name (Last, First, Middle Initial)  City Somerville  Mailing Address PO Box 441146  City Somerville Purpose of Disbursement  Fell Name (Last, First, Middle Initial)  City Somerville Purpose of Disbursement  Fell Name (Last, First, Middle Initial)  City Somerville Purpose of Disbursement  Transaction to: S8218.8498  Amount of Each Disbursement this Period  Transaction to: S8218.8498  Amount of Each Disbursement this Period  Transaction to: S8218.8498  Amount of Each Disbursement this Period  Transaction to: S8218.8498  Amount of Each Disbursement this Period  District  Substort  Transaction to: S8218.8498  Amount of Each Disbursement this Period  District  Substort  Transaction to: S8218.8498  Amount of Each Disbursement this Period  Transaction to: S8218.8498  Amount of Each Disbursement this Period	Δr	ny information conied from such Reports and Stater	nente may n	not be sold or use								ions
Gun Safetly PAC  Full Name (Last, First, Middle Initial)  A. Actiblue  Mailing Address PO Box 441146  City Senate												
Full Name (Last, First, Middle Initial)  A Actblue  Mailing Address PO Box 441146  City Somerville Purpose of Disbursement Credit Card Processing Fee Candidate Name  Office Sought: House Primary General Purpose of Disbursement City Sanate Primary General Purpose of Disbursement City State: District:  Full Name (Last, First, Middle Initial)  Actblue  Mailing Address PO Box 441146  City State: District:  Full Name (Last, First, Middle Initial)  C. Actblue  Mailing Address PO Box 441146  City State: District:  Full Name (Last, First, Middle Initial)  C. Actblue  Mailing Address PO Box 441146  City State: District:  Full Name (Last, First, Middle Initial)  C. Actblue  Mailing Address PO Box 441146  City State: District:  Full Name (Last, First, Middle Initial)  C. Actblue  Mailing Address PO Box 441146  City State: District:  Full Name (Last, First, Middle Initial)  C. Actblue  Mailing Address PO Box 441146  City State: District:  Full Name (Last, First, Middle Initial)  C. Actblue  Mailing Address PO Box 441146  City Somerville  Mailing Address PO Box 441146  City Somerville  Mailing Address PO Box 441146  City State: District:  Full Name (Last, First, Middle Initial)  C. Actblue  Mailing Address PO Box 441146  City State: District:  Full Name (Last, First, Middle Initial)  C. Actblue  Mailing Address PO Box 441146  City State: District:  Fill Name (Last, First, Middle Initial)  C. Actblue  Mailing Address PO Box 441146  City State: District:  Fill Name (Last, First, Middle Initial)  C. Actblue  Mailing Address PO Box 441146  City State: District:  Fill Name (Last, First, Middle Initial)  Mailing Address PO Box 441146  City State: District:  Fill Name (Last, First, Middle Initial)  C. Actblue  Mailing Address PO Box 441146  City State: District:  Fill Name (Last, First, Middle Initial)  Mailing Address PO Box 441146  City Transaction ID: S8218.5474  Amount of Each Disbursement  Transaction ID: S8218.5494  Amount of Each Disbursement  Transaction ID: S8218.5494  Amount of Each Disbursement  Transaction ID: S8218.5		NAME OF COMMITTEE (In Full)										
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City Somerville Purpose of Disbursement Credit Card Processing Fee Candidate Name  Office Sought:    Name (Last, First, Middle Initial)	_											
Mailing Address PO Box 441146  City Somerville Mailing Address PO Box 441146  City Somerville Purpose of Disbursement State: District:  Full Name (Last, First, Middle Initial)  Category' Type  Transaction ID : \$8218.5420 Amount of Each Disbursement the Period  Transaction ID : \$8218.5420 Amount of Each Disbursement the Period  Mailing Address PO Box 441146  City Somerville Purpose of Disbursement  Category' Type  Transaction ID : \$8218.5420 Amount of Each Disbursement the Period  Transaction ID : \$8218.5420 Amount of Each Disbursement this Period  Date of Disbursement  Category' Type  Transaction ID : \$8218.5420 Amount of Each Disbursement  Category' Type  Transaction ID : \$8218.5420 Amount of Each Disbursement  Category' Type  Transaction ID : \$8218.5420 Amount of Each Disbursement  Category' Transaction ID : \$8218.5420 Amount of Each Disbursement  Category' Transaction ID : \$8218.5420 Amount of Each Disbursement  Category' Transaction ID : \$8218.5420 Amount of Each Disbursement  Category' Transaction ID : \$8218.5420 Amount of Each Disbursement  Category' Transaction ID : \$8218.5420 Amount of Each Disbursement  Category' Transaction ID : \$8218.5420 Amount of Each Disbursement  Category' Transaction ID : \$8218.5420 Amount of Each Disbursement  Category' Transaction ID : \$8218.5420 Amount of Each Disbursement  Category' Transaction ID : \$8218.5420 Amount of Each Disbursement  Category' Transaction ID : \$8218.5420 Amount of Each Disbursement  Category' Transaction ID : \$8218.5420 Amount of Each Disbursement  Category' Transaction ID : \$8218.5420 Amount of Each Disbursement  Category' Transaction ID : \$8218.5420 Amount of Each Disbursement  Category' Transaction ID : \$8218.5420 Amount of Each Disbursement  Category' Transaction ID : \$8218.5420 Amount of Each Disbursement  Category' Transaction ID : \$8218.5420 Am	Α.	Actblue				Date	of D					_
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Cardigate Name  Office Sought: House Senate Prisident State: District: House Primary General Primary General Primary General President Somerville Purpose of Disbursement For: Senate President State: District: District: Actblue  Mailing Address PO Box 441146  Date of Disbursement For: Max Uzip Code Somerville Purpose of Disbursement For: Senate Primary General Primary General President State: District: D												
Office Sought: House Senate President For: Senate President State: District:  Full Name (Last, First, Middle Initial)  B. Actblue  Mailing Address PO Box 441146  City Somerville Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement For: Senate Primary General Primary General District:  Full Name (Last, First, Middle Initial)  City Somerville Purpose of Disbursement For: Senate Primary General Disbursement this Period  Full Name (Last, First, Middle Initial)  CActblue  Mailing Address PO Box 441146  City Somerville District: State Zip Code Other (specify)  Memo Item  Date of Disbursement this Period  FEC Identification Number  Category/ Type  Date of Disbursement Type  Transaction ID: SB21B.5474  Amount of Each Disbursement this Period  City Somerville District: State Zip Code O2144  Purpose of Disbursement O2144  City Somerville District: Senate Primary General		Candidate Name			Category/					-		Period
Senate President Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  B. Actblue  Mailing Address PO Box 441146  City Somerville Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement For: Sanate President State: District:  Full Name (Last, First, Middle Initial)  C. Actblue  Mailing Address PO Box 441146  Date of Disbursement  FEC Identification Number  Category/ Amount of Each Disbursement this Period  Transaction ID : S8218.5474  Amount of Each Disbursement  Date of Disbursement  Category/ Type  7.56  Date of Disbursement  FEC Identification Number  Category/ Type  7.56  Date of Disbursement this Period  FEC Identification Number  Category/ Type  Transaction ID : S8218.5496  Amount of Each Disbursement this Period  Transaction ID : S8218.5496  Amount of Each Disbursement this Period  Transaction ID : S8218.5496  Amount of Each Disbursement this Period  Transaction ID : S8218.5496  Amount of Each Disbursement this Period  Transaction ID : S8218.5496  Amount of Each Disbursement this Period  Transaction ID : S8218.5496  Amount of Each Disbursement this Period  State: District: Memo Item  Substortal of Disbursements This Page (optional)						7 11100		Laon	D100			-
State: District: Other (specify) ▼    Memo Item							15.05			5		
State: District: Full Name (Last, First, Middle Initial)  B. Actblue  Mailing Address PO Box 441146  City Somerville Purpose of Disbursement  Candidate Name  Office Sought: House President President State: Disbursement  State: Disbursement  Category/ Type  Disbursement For: General Other (specify)  State Zip Code MA O2144  President Other (specify)  State: Disbursement  Category/ Type  Disbursement For: General Other (specify)  Date of Disbursement Number  Category/ Type  Date of Disbursement House Other (specify)  Memo Item  Date of Disbursement this Period  Transaction ID: SB21B.5474  Amount of Each Disbursement  Memo Item  Date of Disbursement  Date			,									
Mailing Address PO Box 441146  City Somerville Purpose of Disbursement  Candidate Name  Other (specify)  State Zip Code MA 02144  President District:  Full Name (Last, First, Middle Initial)  C. Actblue  Mailing Address PO Box 441146  District:  Full Name (Last, First, Middle Initial)  C. Actblue  Mailing Address PO Box 441146  City Somerville Purpose of Disbursement For:  Credit Card Processing Fee  Candidate Name  Oga 16 / 2020  FEC Identification Number  Category/ Type  7.56  Date of Disbursement this Period  Transaction ID: \$8218.5474  Amount of Each Disbursement this Period  Date of Disbursement  Mailing Address PO Box 441146  City Somerville  Purpose of Disbursement  Credit Card Processing Fee  Candidate Name  Oga 23 / 2020  FEC Identification Number  Category/ Type  Category/ Type  Office Sought: House Primary General Other (specify) ▼  Senate Primary General Other (specify) ▼  Senate Primary General Other (specify) ▼  Memo Item  Subtotal of Disbursement This Page (optional)			Other (spec	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		N	1emo	Item				
Mailing Address PO Box 441146  City Somerville Purpose of Disbursement  Candidate Name  City Senate President State:  District:  Full Name (Last, First, Middle Initial)  C. Actblue  Mailing Address PO Box 441146  City Somerville  Mailing Address PO Box 441146  City Somerville Middle Initial)  City State Initial Ini		Full Name (Last, First, Middle Initial)										
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  Gun Safetly PAC  Full Name (Last, First, Middle Initial)  A. Actblue  Mailing Address PO Box 441146  City Somerville Purpose of Disbursement Credit Card Processing Fee  Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  May 2020  FEC Identification Number  Category/ Type  Memo Item  Memo Item  Memo Item	SCHEDULE B (FEC Form 3X)	llos seri	vrata appadida(=)	1	NUMBER:	PAGE 9 OF 10		
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